Request Date

Contract No. 50WCNA7F6069

FAX form to: Rocky Fountain

FBA 1222 Spruce St, Rm 8.206, St Louis, MO 63103-2822

Phone:	(314)	539-6015	Fax:	(314) 539-6103
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Agency Internal Control #			2. Task Request No.	1		To be assigned by FBA		
r	T			T	1 1			
3. Requesting	Agency			4.Agency	Name			
Agency	Address			Point	Office Symbol			
				of	Phone Nr.			
				Contact	Room Nr.			
					J L			
	Phone No.			5. Pre- Task	Request Meeting	Yes No		
6. Job Location			7. Appropriation Data					
			and Total					
Time of Pickup			Funds for Services	\$				
				<u> </u>				
8. Optional Service								
	Daily	Permit (Customer provides)	Non-Permit (Vendor provides)	I				
Task	Est. Pieces	Handling Fee	Meter/Handling		Remark	KS		
Presort								
Metering								
Labeling/Tabbing								
Folding/Inserting								
Pick-up Service								
Address List Service								
ACR/ ACS/ NCOA								
FastForward								
Bulk Mail								
Other								
9. Special Instructions								
10. Period of Performance		Start / /		End	/	1		
11. Requesting Agency Certification.								
Signature of Project Officer		Name						
		Title						
		Signature / Date						
Signature of Approving Official		Name						
		Title						
		Signature / Date						
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